conducted by a broad-based panel of experts among whom there is invariably one faculty member from the SC/ST category.

(e) Docs not arise.

Review of Performance of Schemes to Promote Traditional Systems of Medicine

3424. SHRl GOVINDRAO ADIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Governmept have reviewed the performance of the schemes designed to promote, develop and upgrade traditional systems of medicines such as Ayurveda, Siddha, Unani, Homoeopathy, Naturopathy;

(b) if so, the details thereof for the past three years, system-wise by standard parameters;

(c) whether Government are considering a comprehensive plan of action to upgrade these traditional systems all over the country with substantial financial support with particular emphasis on traditional wisdom and indigenous knowledge with full quality assurance during the Ninth Five Year Plan; and

(d) if so, details thereof, State-wise?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI) (a) Yes Sir.

(b) A list of the schemes being implemented by the Department to promote and develop the traditional systems of medicine is annexed as a statement (see below).

Expert Committees were set up to review the performance and suggest required modifications in respect of schemes at SI. Nos. (1), (3) & (4) of the list. Review and monitoring of other

schemes is also being carried out regularly.

(c) and (d) Based on the report of a Working Group set up by the Planning Commi-ssion for preparing proposals for the development and promot.jn of the Indian Systems of Medicine and Homoeopathy for the IX Five Year Plan period. The Department has identified the thrust iireas of intervention viz. Improvement and Upgradation of standards of education, standardisation of drugs and quality control enhancing the availability of raw materials, research and development, active involvement in the natiorial health care delivery and information, education and communication. The plan proposals and the schemes of the Department for the IX Five Year Plan have been prepared keeping in view these thrust areas.

Statement

List of the Schemes being implemented by the Department to promote and Develop the Traditional Systems of Medicine

(a) Scheme for Grant-in-Ard for improving and strengthening of Under Graduate Colleges of ISM&H.

(b) Scheme for Grant-in-Aid for re-orientation training Programme for ISM&H personnel.

(c) Grants for upgrade erf ISM & H Post Graduate Colleges.

(d) (a) Central Scheme for Development and Cultivation of Medicinal^ plants used in Indian System of Medicine and Homoeopathy medicines.

(b) Scheme for Development of Agro-Techiques & Cultivation of medicinal plants.

(a) Central Scheme for functioning of Ayurveda, Siddha, Unani, Pharmacopoeia Committee to Develop Pharmacopoeial Standards for ISM Drugs.

(b) Scheme for assisting International exchange Programmes/

Seminars/Workshops on ISM&H.

(a) Scheme to support extra Mural Research Project-Research Projects through Research institutions (Private/Semi-Government/Government/ Universities/NGOs etc.

(b) Scheme to assist programmes related to information education & communication.

Payment of Salary to the Staff of Nagpur Nutritional Monitoring Bureau

3425. SHRI A. VIJAYA RAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether representations have been made by the Nagpur Nutritional Monitoring Bureau staff that they have not received salary for months of April-May, 1998 and that National Institute of Nutrition, Hyderabad which is to send D/ D for the purpose has not yet sent the D/D;

(b) whether non-payment of salary regularly every month has become a regular feature;

(c) the reasons for non-payment of salary regularly; and

(d) by when, the payment for April and May, 1998 is likely to be made?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(a) No Sir.

(b) and (d) The Nagpur Nutritional Monitoring Bureau is a temporary project funded by the Indian Council of Medical Research. Normally, the Council releases funds to the Bureau in three instalments. The first instalment for 1998-99 was released on 15.5.98 and the payments for April and May 1998 for salaries etc. have already been released.

Prevalence of Asthma Among Children

3426. SHRI PREM CHAND GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the study conducted by the cardio-respiratory department of Patel Chest Institute showed that 2.5 lakh children are suffering from asthma and the prevalance of the disease is 16-17 per cent;

(b) if so, action taken by Government in this regard;

(c) whether the rate of respiratory diseases in Delhi is 12 times more than the national average;

(d) if so, the reasons therefor, and steps taken by Government in this regard; and

(e) if not, the reasons for the slackness?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) In a sample survey conducted by the Vallabhbhai Patel Chest Institute in nine randomly selected Delhi schools it was inter-alia found that the prevalence of asthma was 12%. The Indian Council of Medical Research has reported that there is no direct evidence to suggest that air pollution by itself can be the cause of asthma. Allergens like pollen, house-dust and certain food articles can however, trigger off asthma attacks.

(a) Data relating to morbidity from asthma is not collected by any States in the country or by the Registrar General of India. Asthma is not a notifiable disease.

(b) and (e) Apart from providing health education and treatAient facilities for the disease, the Government have launched several measures to control pollution including measures to limit exhaust stroke from vehicles.